

DENTAL HYGIENIST - APPLICATION FOR CERTIFICATION IN THE ADMINISTRATION OF INTRA-ORAL BLOCK ANESTHESIA

Legal Name (First, Middle)		(Last)	FOR OFFICE USE	APPROVED	Initials/Date: _____
Mailing Address				DENIED	
Social Security Number	Phone No. (days)			License No.:	Eff. Date:
Other Names used:	Provide your Hawaii DH Lic. No.:			DH -	(L) Block Anesthesia
				Employer's Name, Address & Phone No.	

INSTRUCTIONS

- Complete and sign application legibly in dark ink.
- List** the categories of local anesthesia and the number of successfully completed injections below. Pursuant to §447.3.5(b), a **minimum of fifty (50)** successful injections are required, of which **ten (10)** shall be inferior alveolar/lingual nerve block and **five (5)** in posterior superior alveolar nerve block.
An ORIGINAL letter signed by the Dean of your school may verify successful completion of the categories and numbers of injections.
- List** the course number applicable to the curriculum course of study on page 2. The curriculum shall include didactic studies and clinical experience of at least **thirty-nine (39)** hours.
An ORIGINAL letter signed by the Dean of your school may verify successful completion.
- Attach** a non-refundable application fee of \$25.00 made payable to: COMMERCE AND CONSUMER AFFAIRS.
(Note: A \$15.00 service fee will be charged for checks which are not honored by the bank.)
- Attach** proof of successful completion of a course of study in a formal certification program previously approved by the Board or from an accredited Dental Hygiene school.
- Mail to: Board of Dental Examiners, DCCA, PVL Licensing Branch, P.O. Box 3469, Honolulu, HI 96801, or deliver to PVL Licensing Branch, 335 Merchant Street, Room 301, Honolulu, HI 96813.

SUBMITTALS:

Attach a certified copy of your degree or an official transcript.

Attach documentary evidence from your school or certification program previously approved by the Board of your **certification** in the administration of intra-oral infiltration local anesthesia and intra-oral block anesthesia ("local anesthesia").

Attach documentary evidence from your school or certification program previously approved by the Board of the categories and number of intra-oral infiltration local anesthesia and intra-oral block anesthesia successfully completed.

SCHOOL, COLLEGE OR UNIVERSITY/CERTIFICATION PROGRAM(S)	DEGREE/ CERTIFICATION	DATE
Accredited Dental Hygiene School:		
Other Certification Program(s) Previously Approved by Board:		

DH Anesthesia 177 \$25
Service Fee BCF \$15

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

(CONTINUED ON BACK)

LIST CATEGORIES OF LOCAL ANESTHESIA	NUMBER OF SUCCESSFULLY COMPLETED INJECTIONS	LIST CATEGORIES OF LOCAL ANESTHESIA	NUMBER OF SUCCESSFULLY COMPLETED INJECTIONS
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	
TOTAL NO. OF LOCAL ANESTHESIA INJECTIONS SUCCESSFULLY COMPLETED _____			

LIST COURSE NO. APPLICABLE TO THE FOLLOWING CURRICULUM OF COURSE OF STUDY: CURRICULUM	COURSE NO.
Cardiopulmonary Resuscitation Certification	
Medical History Evaluation Procedures	
Physical Evaluation Procedures	
Anatomy of Head, Neck, and Oral Cavity As It Relates to Administering Local Anesthetic Agents	
Pharmacology of Local Anesthetics and Vasoconstrictors	
Indications and Contraindications for Administration of Local Anesthetics	
Prevention, Diagnosis, and Management of Medical Emergency	
Recognition and Management of Post-Injection Complications and Management of Reactions to Injections	
Medical and Legal Management Complications	
Selection and Preparation of the Armamentaria and Record Keeping for Administering Various Local Anesthetics	
Methods of Administering Local Anesthetics With Emphasis on Technique, Which Includes Aspiration and Slow Injection, in Addition to Minimum Effective Dosage	
Proper Infection Control Techniques With Regard to Local Anesthesia and the Proper Disposal of Sharps	
TOTAL NO. OF HOURS OF CLINICAL & DIDACTIC TRAINING _____	
DID THE COURSE OF STUDY REQUIRE PASSING AN EXAMINATION? _____	

I hereby certify that all information contained in this application and the documents attached are true and correct.

Date _____

Signed _____

Applicant